

Correspondence.

"Audi alteram partem."

ON

GREY DEGENERATION OF THE POSTERIOR COLUMNS OF THE SPINAL CORD.

To the Editor of THE LANCET.

SIR,—The interesting case of progressive locomotor ataxy described in your journal of last week, by Mr. Lockhart Clarke and Dr. Jackson, has added another important link to the chain of evidence which has been found to connect the symptoms of tabes dorsalis, or progressive want of co-ordination of movements, with grey degeneration of the posterior columns of the spinal cord.

Mr. Lockhart Clarke's masterly description of the post-mortem appearances agrees completely with the accounts published in Germany by Virchow, Friedreich, and Leyden, and in France by Bourdon and Luys, and Charcot and Vulpian. In all these cases there have been found atrophy of nerve-fibres, proliferation of connective tissue, oil-globules, and bloodvessels embedded in layers of fat; the only difference being that in Mr. Lockhart Clarke's case no corpora amylacea were discovered, which have never yet been missed by continental pathologists. These corpuscles have generally been found in the immediate neighbourhood of the bloodvessels, and they are often present in enormous quantities. They seem to abound chiefly in parts where the degeneration is not very far advanced, while they are less numerous where an entire destruction of nervous matter has taken place.

It is to be regretted that the optic tracts and the cerebral nerves could not have been examined in this case, as our knowledge regarding the pathological changes in them is still very deficient. It would also be worth while in future instances to examine the large spinal nerves, more especially the crural, sciatic, and brachial; which have several times been found affected by the same process of destruction as the cord and the posterior roots.

I cannot agree with Dr. Jackson in calling amaurosis a "by no means common symptom" of ataxy. In five cases of this affection which I have had under my care I have twice found amaurosis and once amblyopia, which latter will most probably in course of time merge into amaurosis; since, unlike the other paralytic affections of cerebral nerves which we meet with in ataxy, amblyopia scarcely ever disappears as the disease advances, but generally increases rapidly after having once commenced. Duchenne has found weak sight or amaurosis in most of his cases; and Topinard has tabulated 102 cases of this affection, in 70 of which vision was affected. This author adds that "double amaurosis is extremely common" in ataxy, and that the second eye is generally affected within a few months, or two or three years, after the first, as it was indeed in Dr. Jackson's case.

I do not believe that the distinction which Dr. Jackson seeks to establish between the ophthalmoscopic appearances of amaurosis from ataxy and from other causes can be maintained. Duchenne has given a diagram of the fundus oculi in a case of ataxy with amaurosis, which presents quite the ordinary features of atrophy of the optic nerve as it occurs from other causes—viz., a white and excavated disc, with small arteries and large veins, and traces of maceration of the choroid. The same has been noticed by other observers; and for the purpose of diagnosis the amaurosis alone can therefore be of no service to us. Moreover, as all remedies which have been employed for the amaurosis of ataxy have failed to do much good, such a distinction would be of little practical importance.

I am, Sir, your obedient servant,

Bryanstone-street, Portman-square,
June 2th, 1865.

JULIUS ALTHAUS, M.D.

ON THE TREATMENT OF STERILITY.

To the Editor of THE LANCET.

SIR,—In Dr. Lee's letter on this subject published in THE LANCET of the 10th inst., a case is described in which dilatation by bougies was resorted to. "The dilatation having been thoroughly effected, the patient was advised to trust for a time entirely to nature. The advice (says Dr. Lee) was not agree-

able; and she immediately consulted Dr. B——, who, I am informed, not only employed mechanical dilatation to a greater extent, but introduced cutting instruments into the orifice and cervix. Violent mania speedily followed."

It is not my purpose to discuss the nature of the pathological sequence here narrated. I am unable to decide whether the mania was caused by the dilatation or the incision—it had both operations for antecedents;—or whether its origin was quite independent of either. My reason for troubling you is entirely personal. I have been asked whether I am the "Dr. B——" referred to. I think it desirable to say that Dr. Lee, in his description of the case, cites the date "March, 1838." I did not enter upon practice until several years later. I must, therefore, be held relieved from all responsibility or complicity in the matter. I am, Sir, your obedient servant,

Finsbury-square, June, 1865.

ROBERT BARNES, M.D.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I am sorry so frequently to trouble you, but events have transpired so unexpectedly during the last few weeks that it has been unavoidable, and I must again crave your permission for space to inform all the Poor-law medical officers that a Poor-law Continuance Bill has been introduced into the House of Commons; and as I considered it would be a good opportunity to make a final attempt this session to amend the medical relief of the poor, I have forwarded a pamphlet on the subject to each member of the House of Commons, urging him to insist on clauses being introduced into the Bill now before the House.

I should have sent a copy of the pamphlet to each Poor-law medical officer, but as I am already in debt about £20, I do not feel justified in incurring further expense; but I have directed the printer to keep the type standing for a few days to enable any gentleman to have a copy on forwarding six postage stamps to Mr. Sherren, printer, Weymouth, or to myself.

I sincerely trust that success will attend our efforts, and that the present Parliament will yet do us and the poor that justice for which we have so long toiled.

I trust every medical man in the kingdom, but especially the Poor-law medical officers, will, *without delay*, urge upon his representative the necessity of Poor-law Medical Reform.

Royal-terrace, Weymouth,
June 10th, 1865.

I am, Sir, yours, &c.,

RICHARD GRIFFIN.

THE RELATIONS OF MEDICAL PRACTITIONERS TO THE CORONER'S COURT.

To the Editor of THE LANCET.

SIR,—On the 30th ultimo, I was requested by the friends of the deceased to examine the body of a girl of the name of Darrell, which was found in the canal near Stourbridge. I did so in the presence of Mr. Hicklin (the girl's master) and a member of the police force.

On the 1st inst., an inquest was held by Mr. H. M. Phillips, Coroner for South Staffordshire, and was adjourned in order that a post-mortem examination of the body might be made by a medical man. Mr. Phillips was informed that I had examined the body, and, in reply, said: "I do not know Mr. Harding," and then made out an order for another medical man to examine the body.

I am perfectly well aware that it is in the power of the Coroner to select any medical practitioner for such a purpose, but at the same time I know that it is a *matter of custom and courtesy* to employ the medical man who has viewed the body, and especially so if he has long known and been frequently in the habit of seeing the deceased before death.

In the present instance the Coroner has departed from the ordinary rule of courtesy, and accompanied the act with a remark which, in my opinion, deserves a reply. I wish, therefore, to inform that gentleman, through a public medium, that I have been in practice in Stourbridge fifteen years; and if I had the misfortune to be unknown to him, I am well known to every member of the jury present on that occasion.

I am, Sir, yours obediently,

THOS. MASSEY HARDING, M.R.C.S.E.

High-street, Stourbridge, June, 1865.